

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

FEB 14 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0037
Date:	3-3-2022
Amount Paid:	\$250 2-17-22 RES Add JLG
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Susan J. Jones	Mailing Address:	28235 S. Maple Hill Rd	City/State/Zip:	Washburn, WI 54891	Telephone:	
Address of Property:	28235 S. Maple Hill Rd.	City/State/Zip:	Washburn, WI 54891	Cell Phone:			
Email: (print clearly)	susanjones222@gmail.com						715-661-1057
Contractor:	John Dursi	Contractor Phone:		Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Required (for Agent)	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#	31183	Recorded Document: (Showing Ownership)	2018R	573344	
NE 1/4, NW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #
Section 34	Township 49	N, Range 5	W	Town of:	Washburn	Lot Size	Acreage 19.155

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) is on the property or Will be on the property?	Type of Water on property
\$75,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: In ground/Conventional	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 30	Width: 30	Height: 14
Proposed Construction: (overall dimensions)	Length: 30	Width: 30	Height: 14

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Addition/Alteration (explain) family room/living room	(30 X 30)	900
	<input type="checkbox"/>	Accessory Building (explain)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Susan J. Jones

Date 10/28/2021

Authorized Agent: (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit 28235 S. Maple Hill Rd
Washburn, WI 54891

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

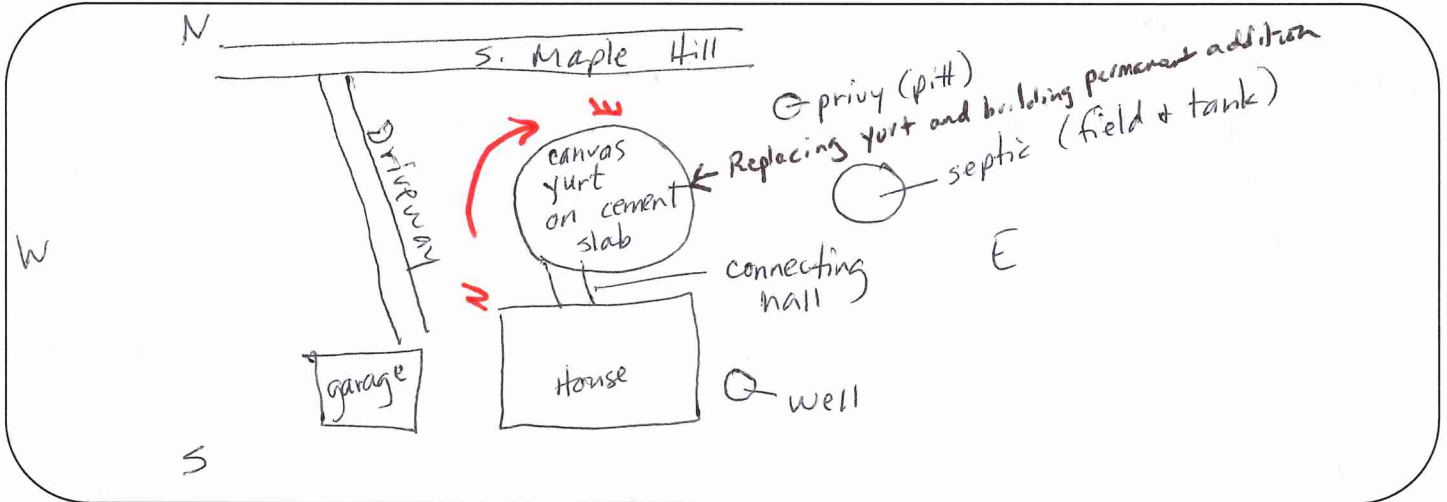
All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	583 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	550 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	583 Feet		
Setback from the South Lot Line	678 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	138 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	495 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	20 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	50 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

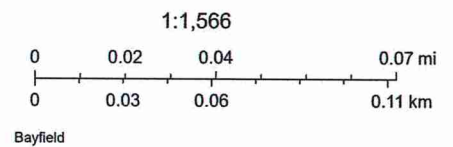
Issuance Information (County Use Only)	Sanitary Number: 16-535	# of bedrooms: 2	Sanitary Date: 6-22-16	
Permit Denied (Date):	Reason for Denial:			
Permit #: 22-0037	Permit Date: 3-3-2023			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:				Zoning District (A-1) Lakes Classification (1)
Date of Inspection: 2/17/22 Inspected by: [Signature]				Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) Build as proposed Get required UOC inspections Added a detail conditions				
Signature of Inspector: [Signature]				Date of Approval: 2/17/22
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Bayfield County, WI



10/28/2021, 2:56:52 PM

- | | | |
|-----------------------------|------------------------------|-----------|
| Meander Lines | Survey Maps | New |
| Approximate Parcel Boundary | UnRecorded Map | Driveways |
| Section Lines | Recorded Map | Buildings |
| Municipal Boundary | Building Footprint 2009-2015 | |
| All Roads | Changed | |
| Town | Existing | |



Real Estate Bayfield County Property Listing

Today's Date: 10/28/2021

Property Status: Current

Created On: 3/15/2006 1:16:07 PM

Description

Updated: 6/20/2018

Tax ID: 31183
PIN: 04-050-2-49-05-34-2 01-000-10000
Legacy PIN: 050105806000
Map ID:
Municipality: (050) TOWN OF WASHBURN
STR: S34 T49N R05W
Description: PAR IN NE NW IN DOC 2018R-573344 525
Recorded Acres: 20.000
Calculated Acres: 19.755
Lottery Claims: 1
First Dollar: Yes
Zoning: (F-1) Forestry-1
ESN: 130

Tax Districts

Updated: 3/15/2006

1 STATE
04 COUNTY
050 TOWN OF WASHBURN
046027 SCHL-WASHBURN
001700 TECHNICAL COLLEGE

Recorded Documents

Updated: 3/15/2006

WARRANTY DEED

Date Recorded: 6/18/2018

2018R-573344

CONVERSION

Date Recorded:

687-98

Ownership

Updated: 6/20/2018

SUSAN J JONES

WASHBURN WI

Billing Address:

SUSAN J JONES
28235 S MAPLE HILL RD
WASHBURN WI 54891

Mailing Address:

SUSAN J JONES
28235 S MAPLE HILL RD
WASHBURN WI 54891



Site Address * indicates Private Road

28235 S MAPLE HILL RD

WASHBURN 54891



Property Assessment

Updated: 2/24/2020

2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	5.000	17,500	110,200
G6-PRODUCTIVE FOREST	15.000	18,400	0

2-Year Comparison

	2020	2021	Change
Land:	35,900	35,900	0.0%
Improved:	110,200	110,200	0.0%
Total:	146,100	146,100	0.0%



Property History

N/A

Diameter = 30'

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0037** Issued To: **Susan Jones**

Par in
Location: **NE** $\frac{1}{4}$ of **NW** $\frac{1}{4}$ Section **34** Township **49** N. Range **5** W. Town of **Washburn**

Gov't Lot Lot Block Subdivision CSM#

Residential

For: Add/Alt: [1- Story]; Family Room / Living Room (30' x 30') = 900 sq. ft.] Height of 14'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as Proposed. Must obtain a Uniform Dwelling Code Permit (UDC) (if required). Must meet and Maintain Setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

March 3, 2022

Date